

State/Territory: NEW JERSEY

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): Pregnant Women

The following ambulatory services are provided.

2. Outpatient Hospital Services
3. Other laboratory and X-ray services
- 4.c. Family planning
5. Physicians' services
6. Medical care and any other type of remedial care
 - a. Podiatrists' services
 - b. Optometrists' services
 - c. Chiropractic services
 - d. Other practitioners (psychologists)
7. Home Health services
9. Clinic services
10. Dental services
11. Physical therapy and related services
 - a. Physical therapy, occupational therapy and services for individuals with speech, hearing and language disorders
12. Prescribed drugs, dentures and prosthetic devices, and eyeglasses
13. Other diagnostic, screening, preventive and rehabilitative services
17. Nurse-Midwife
20. Extended services for pregnant women
23. Any other medical care and any other type of remedial care
 - a. Transportation
 - f. Personal care services

*Description provided on attachment.

TN No. 87-20
Supersedes
TN No. 87-4

Approval Date JAN 29 1990

Effective Date 10/1/87

HCFA ID: 0140P/0102A

State/Territory: NEW JERSEY

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): Dependent Children

The following ambulatory services are provided.

2. Outpatient Hospital Services
3. Other laboratory and X-ray services
- 4.c. Family planning
5. Physicians' services
6. Medical care and any other type of remedial care
 - b. Optometrists
 - d. Other practitioners (psychologists)
7. Home Health services
9. Clinic services
10. Dental services
11. Physical therapy and related services
12. Prescribed drugs, dentures, prosthetic devices, and eyeglasses
13. Other diagnostic, screening, preventive, and rehabilitative services
17. Nurse-Midwife
20. Extended services for pregnant women
23. Any other medical care and any other type of remedial care
 - a. Transportation
 - f. Personal care

*Description provided on attachment.

TN No. 87-2
Supersedes
TN No. 87-4

Approval Date JAN 29 1990

Effective Date 10/1/89

HCFA ID: 0140P/0102A

State/Territory: NEW JERSEY

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): Aged, Blind or Disabled

The following ambulatory services are provided.

2. Outpatient Hospital Services
3. Other laboratory and X-ray services
- 4.c. Family planning
5. Physicians' services
6. Medical care and any other type of remedial care
 - a. Podiatrists' services
 - b. Optometrists' services
 - d. Other practitioners' services (psychologists)
7. Home Health services
9. Clinic services
10. Dental services
11. Physical therapy and related services
- 12.b. Dentures
 - c. Prosthetic devices
 - d. Eyeglasses
13. Other diagnostic, screening, preventive, and rehabilitative services
17. Nurse-Midwife
20. Extended services for pregnant women
23. Any other medical care and any other type of remedial care
 - a. Transportation
 - f. Personal care services

*Description provided on attachment.

TM No. 87-2b

Supersedes

TM No. 87-4

Approval Date JAN 29 1990

Effective Date 10/1/87

HCFA ID: 0140P/0102A

3.12
OFFICIAL

State/Territory: New Jersey Pregnant Women

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE MEDICALLY NEEDY

1. Inpatient hospital services other than those provided in an institution for mental diseases.
Provided: ☐ No limitations ☒ With limitations*
- 2.a. Outpatient hospital services.
Provided: ☐ No limitations ☒ With limitations*
- b. Rural health clinic services and other ambulatory services furnished by a rural health clinic.
☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.
- c. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with section 4231 of the State Medicaid Manual (HCFA-Pub. 45-4).
☒ Provided: ☐ No limitations ☒ With limitations*
- d. Ambulatory services offered by a health center receiving funds under section 111, 112, or 140 of the Public Health Service Act to a pregnant woman or individual under 18 years of age.
☒ Provided: ☐ No limitations ☒ With limitations*
3. Other laboratory and X-ray services.
☒ Provided: ☐ No limitations ☒ With limitations*
- 4.a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.
☒ Provided: ☐ No limitations ☒ With limitations*
- b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.
☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.
- c. Family planning services and supplies for individuals of childbearing age.
☒ Provided: ☒ No limitations ☐ With limitations*

*Description provided on attachment.

TN No. 95-15
Supersedes 94-18
Approval Date DEC 11 1995

Effective Date JUL 1 - 1995

HCFA ID: 7986E

OFFICIAL

Attachment 3.1-B
Page 2a.1

State/Territory: New Jersey

Amount, Duration and scope of Services Provided Medically Needy
Group(s):

Pregnant Women

2.c. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with section 4231 of the state Medicaid Manual (HCFA-Pub. 45-4).

Provided: X X With limitations*

*Description provided on attachment.

TN No. 90-13
Supersedes
TN No. NEW

Approval Date AUG 17 1990 Effective Date 08.1.90

90-13-MA (NJ)

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

OFFICIAL

ATTACHMENT 3.1-B
Page 2.1 a
OMB No. 0938-

State/Territory: New Jersey

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): Pregnant Women

5.a. Physicians' services, whether furnished in the office, the patient's home, a hospital, a skilled nursing facility, or elsewhere.

☒ Provided: ☐ No limitations ☒ With limitations*

b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).

☒ Provided: ☐ No limitations ☒ With limitations*

*Description provided on attachment.

TN No. 91-47

Supersedes

TN No.

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OCT 01 1991

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New

OFFICIAL

State/Territory: New Jersey

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): Dependent Children

5.a. Physicians' services, whether furnished in the office, the patient's home, a hospital, a skilled nursing facility, or elsewhere.

☒ Provided: ☐ No limitations ☒ With limitations*

b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).

☒ Provided: ☐ No limitations ☒ With limitations*

*Description provided on attachment.

TN No. 91-47
Superseded **Now** Approval Date FEB 3 1992 Effective Date OCT 01 1991
TN No. Now HCFA ID: 7986E

State/Territory: New Jersey

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): Aged, Blind & Disabled

5.a. Physicians' services, whether furnished in the office, the patient's home, a hospital, a skilled nursing facility, or elsewhere.

☒ Provided: ☐ No limitations ☒ With limitations*

b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).

☒ Provided: ☐ No limitations ☒ With limitations*

*Description provided on attachment.

TN No. 91-45

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TN No.

New

Approval Date

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HCFA ID: 7986E

State/Territory: New Jersey Aged, Blind & Disabled

OFFICIAL

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE MEDICALLY NEEDY

1. Inpatient hospital services other than those provided in an institution for mental diseases.

Not Provided: ☐ No limitations ☐ With limitations*

- 2.a. Outpatient hospital services.

Provided: ☐ No limitations ☒ With limitations*

- b. Rural health clinic services and other ambulatory services furnished by a rural health clinic.

☐ Provided: ☐ No limitations ☐ With limitations*

☒ Not provided.

- c. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with section 4231 of the State Medicaid Manual (HCFA-Pub. 45-4).

☒ Provided: ☐ No limitations ☒ With limitations*

- d. Ambulatory services offered by a health center receiving funds under section 329, 330, or 340 of the Public Health Service Act to a pregnant woman or individual under 18 years of age.

☒ Provided: ☐ No limitations ☒ With limitations*

3. Other laboratory and X-ray services.

☒ Provided: ☐ No limitations ☒ With limitations*

- 4.a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

☒ Provided: ☐ No limitations ☒ With limitations*

- b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.

☐ Provided: ☐ No limitations ☐ With limitations*

☒ Not provided.

- c. Family planning services and supplies for individuals of childbearing age.

☒ Provided: ☒ No limitations ☐ With limitations*

*Description provided on attachment.

TN No. 95-15
Superseder 94-18 Approval Date DEC 11 1995
TN No. 94-18

Effective Date JUL 1 - 1995

HCFA ID: 7986E

State/Territory: New Jersey

Amount, Duration and scope of Services Provided Medically Needy
Group(s):

Aged, Blind or Disabled

2.c. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with section 4231 of the state Medicaid Manual (HCFA-Pub. 45-4).

Provided: X X With limitations*

*Description provided on attachment.

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